

Carroll PHO

MDCTO-0098

Summary Information

Maryland Primary Care Program, 2018 Application Cycle

CTO Overview

CTO Information					
Application ID Number	MDCTO-0098				
Status of the Proposed CTO	The proposed CTO is owned and operated by a healthcare organization and is currently in existence.				
Organization Site Name	Carroll PHO, LLC				
DBA Name	Carroll PHO				
Website (if applicable)					
Ownership & Legal Structure					
Owned by Health Care Organization	Yes				
Name of Parent Organization	Carroll County Med-Services, Inc.				
Legal Structure	For profit corporation - Maryland LLC				
Service Area					
Counties Served	Carroll County				
Partnerships					
Formal Partnerships	The Partnership for a Healthier Carroll County; Access Carroll;				
Informal Partnerships	Informal relationships include Bureau of Aging, Carroll County Health Department, Carroll County Youth Service Bureau, Department of Social Services, Family and Children's Services, Home Care Maryland and all local Home Care Agencies, Carroll Lutheran Village and 9+ other local Skilled Nursing Facilities, just to name a few.				
Services Offered					
Tele-diagnosis	Planned for future				
Tele-behavioral health	Planned for future				
Tele-consultation	Currently in place				
Remote Monitoring	Currently in place				
Other	Currently in place				
HIT					
CRISP Connectivity	We currently educate and support practices on the use of services from the State-Designated Health Information Exchange (CRISP).; We assist practices in establishing electronic health information exchange with CRISP or a community-based health information exchange network.; We use CRISP to view data.; We send administrative encounter data to CRISP on a regular basis.; We send clinical data (CCDAs or QRDAs) to CRISP on a regular basis.				
HIT Product Name	eClinicalWorks	Millenium	Practice Partner	Allscripts Professional EHR	eMDs Solution Series
HIT Vendor	eClinicalWorks	Cerner	eMDs	Allscripts	eMDs

Care Team Members

Category	Currently in place: How many?	Planned for future: How many?
Administrative Support	2	N/A
Behavioral Health Counselor	1	1
Billing/Accounting Support	N/A	N/A
Care Managers - RNs	2	N/A
Care Managers - Medical Assistants	N/A	4
Care Managers - Community Palliative Care Nurse	1	2
Community Health Workers	N/A	N/A
Data Analysts	1	N/A
Health IT Support	1	N/A
Licensed Social Workers	1	N/A
Nutritionist	1	N/A
Pharmacists	1	N/A
Practice Transformation Consultants	2	N/A
Psychiatrist	N/A	N/A
Psychologist	N/A	N/A
Executive Advisor	1	N/A

Vision

Our Vision, to assist primary care practices in our community with their efforts of transformation; by providing &/or identifying the resources that promote sustainable programs, processes and protocols that bridge identified care gaps across the continuum of care. It is our goal, to utilize an interdisciplinary approach that supports: care management, patient access & continuity, the patient/caregiver experience, the utilization of structured care plans and coordination of care across healthcare entities. Because practices exist at varying degrees of readiness, we will work with existing practice staff, community navigation, and embedded care managers to promote care teams that work at the top of their license to provide Care Management. With the promotion of expanded visits types; to include telemedicine and/or expanded office hours, patients will have increased access to care and provider continuity. Offering support to facilitate Patient Advisory Councils will allow practices to share best practices, as well as give and receive feedback that will lead to the enhancement the patient/caregiver experience. Through the utilization of a deployable care navigation platform (CARE), practices and navigation resources will be able to document, and share, care plans in real-time. At the facility level, comprehensive patient hand offs will be supported by a Level 2 Care Manager that will work hand in hand with local practice efforts to aid in coordination across the continuum of care. While it is expected that practices will have unique office work flows, our role will remain consistent in providing resources that convey to participant practices and helping practices to identify current assets in care management.

Approach to Care Delivery Transformation

Currently, we work with existing practice staff and community navigators to promote care teams that work at the top of their license to provide Care Management. Future plans include the addition of embedded care managers in the physician practices to enhance care coordination and patient hand-offs. This embedded care coordination will also promote activities such as risk stratification and improvement of physician practice workflow to achieve higher quality of care and measureable outcomes.